



7/21/04

1762  
JLW

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PTO/SB/21 (08-03)  
Approved for use through 08/30/2003. OMB 0651-0031  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/027,718
Filing Date	December 20, 2001
First Named Inventor	Gerald Coffey
Art Unit	1762
Examiner Name	E. Tsoy
Attorney Docket Number	105125-51425

Total Number of Pages in This Submission 3

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Return Receipt Postcard
<div>Remarks</div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	R. Hain Swope, Esq.; Registration No.: 24,864 Gibbons, Del Deo, Dolan, Griffinger & Vecchione
Signature	
Date	July 20, 2004

## CERTIFICATE OF TRANSMISSION/MAILING

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PTO/SB/82 (09-03)

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CHANGE OF CORRESPONDENCE ADDRESS**

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Attorney Docket Number	105125-51425

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

26345

OR

<input checked="" type="checkbox"/> Firm or Individual Name	GroundScape Technologies				
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Address					
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Telephone	216-749-7575	Fax	216-749-7573		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Eric D. Senders, COO, GroundScape Technologies		
Signature			
Date	3/22/04	Telephone	216-749-7575

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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